Entered -09-06-00 - sb **CL 00L0539** - GWENDOLYN BURNS

CLAIM OF: JEFFERY L. HENSAL 2315 Bankhead Highway

Atlanta, Georgia 30318

00- _R-1604

For vehicular damages alleged to have been sustained when a tree limb fell on top of claimant's vehicle on August 14, 2000 at 2315 Bankhead Highway.

THIS ADVERSED REPORT IS APPROVED

BY: COOLING PUBLIC ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0539	Date:	September 28, 2000
Claimant Wintim IEEEEDVI HENCAI		
Claimant /Victim JEFFERY L. HENSAL BY: (Atty) (Ins. Co.)	W. I. SER. J. W	
Address: 2315 Bankhead Highway, Atlanta, Georgia 303	18	
Subrogation: Claim for Property damage \$ 2,8		ly Injury \$
Date of Notice: 8/25/00 Method: Writt		
Conforms to Notice: O.C.G.A. §36-33-5 X	Ante Litem (6 Mo.) X
Date of Occurrence 8/14/00 Place	2315 Bankhead Highw	ay
Department PARKS, RECREATION & CULTURAL AFI		
Employee involved	_ Disciplinary Action:	
NATURE OF CLAIM: Claimant alleges that his vehicle s	istained damage from lin	ahs that fell from a tree located on
City property. However, an investigation determined the		
or of performing any type of tree work at the referenced le		
liability as set forth in O.C.G.A. §36-33-1.	prior to crammant	Moradini The Orey to minimum from
INVESTIGATION:		
Chi.	0.1	
Statements: City employee Claimant	OthersWri	other V
Pictures Diagrams Reports: Police _ Traffic citations issued: City Driver	Claimant Driver	X Other X
Citation disposition: City Driver	_ Claimant Driver	
Chanon disposition. City Driver	Claimant Driver	
BASIS OF RECOMMENDATION:		
Function: Governmental X	Ministerial	
Improper Notice More than Six Months	Other X	Damages reasonable
City not involved Offer rejecte		
Repair/replacement by Ins. Co.	Repair/replacement by C	City Forces
Claimant Negligent City Negligent	JointC	Taim Abandoned
	Respectfully submitte	d,
	A .	-2
	\mathcal{I}	
	Musend	olin m
	INVESTIGATOR - G	WENDOLYN BURNS
		·
RECOMMENDATION:		
Pay \$AdverseX/ A	count charged: 1A01	2J01 2H01
Claims Manager:	ccount charged: 1A01Concur/date	9, 2800 21101
Committee Action	Council Action	
/		
FORM 23-61		

		BURNS
COUNCIL OF THE CITY OF ATLANTA	RE: CLAIM FOR DAMAGES	ng/n </td
MUNICIPAL CLERK	KE. CLAIMTON DAMAGES	0 170370
City Hall	Today's Date: 8/18	3/00
55 Trinity Avenue, S.W.	10 mily 5 2 mil	you
Atlanta, Georgia 30335 5		
, g	01-25-00A10:44	RCVD
Dear Municipal Clerk:	ENTERED - 9-6-00 -	
•		
This is to notify the City of Atlanta that I have		269.12 property
and/or \$ bodily injury for		
o lucho		
1. Date of incident: 8 //4 /00	2. Police called:	
(month/day/year)	Yes N	Го
12: R. W	/=108/	Po 0
1. Date of incident: 8/14/00 (month/day/year) 3. Location of incident: 3/5 By X/	(EX) YW/ LONE ONE	Recinet
	•	
4. Name of your insurance company:	Policy	/ No
5. State what and how incident occurred: Les	PSALL VEL-15 MOKEN	READ DARKING
5. State what and now incident occurred.	SUNT RELIEF FOR THE	
ARED While your Als	school diene this fine	5 SPONCLES VENO
A Pree tell april 1	e Vehicle Cousing dam	act to Welicle
		$\overline{\mathcal{D}}$
6. ALL ESTIMATES AND DAMAGES ARE ST	JBIECT TO INSPECTION. THE MAKING O	F FALSE CLAIMS WILL
	O AND MAY RESULT IN CRIMINAL PROSE	
7. The registered owner must make the cla	im for vehicle damages, complete the foll	owing and attach two (2)
estimates of repair and proof of ownership	of your vehicle (copy of the current tag receip	t or title).
\mathcal{L}	31/ POLICE TIL NO	10.040
Your vehicle: 10/0 W	74	iver/ess/PAR(cd
(máke) (y	rear) (tag number) ((driver's name)
City vehicle: (make) (0	City deiser/organical (description	
(make) (C	ity driver's name) (depa	rtment/bureau)
8. Witness: Office / TRIDI	Zone one All Holice	44.799-1488
(name)	(address)	(telephone number)
(name)	(address)	(telephone number)
9. The acknowledgement of this claim in no v	vay waives the Sovereign immunity of the Ci	ty of Atlanta, as granted by
	on behalf of the City of Atlanta and/or its ϵ	
State law, not is it air admission of national	of behalf of the City of Atlanta and of its	imployee(s).
10. This claim should be mailed immediately t	o the address shown above.	/
	£ == 1=	/ .
I HEREBY SWEAR OR AFFIRM THAT TH	E ABOVE DE FFEL Z	EN58C
INFORMATION IS TRUE AND CORRECT	, , , , , , , , , , , , , , , , , , , ,	name)

00--1604 (work number) (home number)

(A) 502-6616

Police CASE # 0023/2135